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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-021987
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2723

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hospt. — Length of stay in 1b: 20 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 631 E. 69 Terr. — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: Minnie Middle: Last: McRaven

**4. DATE OF DEATH**: Month: May Day: 28 Year: 1958

**5. SEX**: Fe.

**6. COLOR OR RACE**: White

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH**: December 31/79 1878

**9. AGE** (In years last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: uU. S. A.

**13a. FATHER'S NAME**: Albert Schultz

**13b. MOTHER'S MAIDEN NAME**: Unkown

**14. NAME OF HUSBAND OR WIFE**: Wm. L. McRaven

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no. (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: NONE

**17. INFORMANT**: Mrs. E. N. Fettinger Address: 631 E. 69 Terr.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rapid Auricular Fibrillation — 2 days
DUE TO (c): Arteriosclerotic Heart Disease — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Embolization of rt. lower leg - 1 day

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY**: Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** [ ] **NOT WHILE AT WORK** [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from April 21, 1958, to May 28, 1958 and last saw her alive on May 27, 1958. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: L. F. Steffen (Degree or title) M.D.

**22b. ADDRESS**: 1103 Grand Ave Kansas Mo

**22c. DATE SIGNED**: 5-29-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 5-30-58

**23c. NAME OF CEMETERY OR CREMATORY**: Forest Hill

**23d. LOCATION** (City, town, or county) (State): Kansas City, Mo

**24. FUNERAL DIRECTOR**: Mellody-McGilley-Eylar **ADDRESS**: Linwood & Woodland

**25. DATE RECD. BY LOCAL REG.**: 5-29-58

**26. REGISTRAR'S SIGNATURE**: Neva Munkell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. F. Steffen

Dr Steffan Prof Bld V12
1-6 PM 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Melvin Bartlow

Licensed Embalmer No. 4903

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.